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Salmeterol and Pregnancy

This sheet talks about the risks that exposure to salmeterol can have during pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

What is salmeterol?

Salmeterol is a medication used for the treatment of asthma and chronic obstructive pulmonary disease (COPD). It is in a class of medications called beta₂-agonists (β₂-agonists). β₂-agonists are bronchodilators, meaning that they help to open the airways in the lungs. Salmeterol is a long-acting β₂-agonist taken by inhalation. It is used in combination with an inhaled corticosteroid for asthma treatment.

I just found out that I am pregnant. Should I stop using my salmeterol inhaler?

No. You should not stop taking any medications without first talking with your doctor. It is important to consider the benefits of controlling asthma symptoms during pregnancy. Untreated asthma increases the risk for complications for both the mother and the baby. For more information about asthma in pregnancy, please see the OTIS fact sheet [Asthma and Pregnancy](#).

Salmeterol is considered a medication of choice if long-acting beta agonist treatment is needed during pregnancy. If a woman's asthma was well-controlled with salmeterol prior to pregnancy, it is appropriate to continue its use during pregnancy.

Does salmeterol cross the placenta and get to the baby?

When salmeterol is inhaled very limited amounts of the drug enter the blood, and even

less is expected to reach the developing baby. The amount reaching a developing baby is expected to be insignificant.

Can taking salmeterol during my pregnancy cause a birth defect?

Small studies do not suggest an increased risk for birth defects with the use of inhaled salmeterol during pregnancy. A study of 47 babies whose mothers used salmeterol during the first trimester of pregnancy did not report an increase in the number of birth defects. In addition, no increase in birth defects was seen in the babies of 126 women who were treated with salmeterol during pregnancy. Most of these women took salmeterol during the first trimester.

Can taking salmeterol during pregnancy cause other pregnancy complications?

One report of 65 women who used salmeterol during pregnancy described three cases of premature birth. This rate of premature birth is not higher than the background rate seen in the general population. Although limited, available information does not suggest an increased risk for pregnancy complications with salmeterol use during pregnancy.

Are there any other risks associated with salmeterol use?

Long-acting β_2 -agonists, such as salmeterol, may increase the risk for asthma related deaths when used long term. Therefore, they should be used for the shortest period of time to get the asthma under control. It is also recommended that a long-acting β_2 -agonist only be used in combination with an asthma controller medication, such as an inhaled corticosteroid.

Can I take salmeterol while breastfeeding?

Although there have not been any studies of women taking salmeterol while breastfeeding, use of a salmeterol inhaler is not expected to result in high enough levels in the mother's bloodstream to pass into breast milk in significant amounts. Inhaled bronchodilators are generally considered acceptable for use during breastfeeding.

Is there a concern if my partner was taking salmeterol when I got pregnant?

There are currently no data to suggest paternal use of salmeterol at the time of conception increases the risk for a birth defect. For more information about a father's exposures and pregnancy, please see the OTIS fact sheet [Paternal Exposures and Pregnancy](#).

OTIS is currently conducting a [study looking at asthma and the medications used to treat asthma in pregnancy](#). If you are interested in taking part in this study, please call 1-877-311-8972.

Selected References:

Committee on Drugs. American Academy of Pediatrics. 2001. The transfer of drugs and other chemicals into human milk. *Pediatrics* 108:776-789.

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Wilton LV, et al. 1998. The outcomes of pregnancy in women exposed to newly marketed drugs in general practice in England. *Br J Obstet Gynaecol* 105:882-889.

*If you have questions about the information on this fact sheet or other exposures during pregnancy, call **OTIS** at **1-866-626-6847**.*